

| CLAIMS ONLY | | | | | | | Application Number 10649370 | Filing Date | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--------------------------------|-------------|-------|--------|
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Depend | 41 | | | | | | | | | |
| Total Claims | 47 | | | | | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
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